

APPENDIX

H



MICHIGAN DEPARTMENT OF STATE



P.O. Box 30196
Lansing, Michigan 48909-7696

REQUEST FOR DRIVER EVALUATION

The department may schedule a driver assessment reexamination for physical infirmities or disabilities, vision deficiencies, convulsive seizures, blackouts, episodes, or for other reasons that may affect the person's ability to operate a motor vehicle safely. You must provide a description of an incident or pattern of behavior, or other evidence which you believe justifies an evaluation. Please read the explanation on the reverse side of this form. Both sections of this form must be completed for processing.

[Section 1]

Today's Date ____/____/____

INFORMATION ABOUT THE DRIVER YOU ARE REFERRING FOR EVALUATION:

As provided by Section 257.320 of the Michigan Vehicle Code, the driver named below is referred to determine if there is cause to conduct a driver assessment reexamination.

(Please print or type all information)

____/____/____/____/____
Driver License Number

____/____/____
Date of Birth

Driver's Full Name (as it appears on license)

Street Address **City** **State** **Zip**

Explain why this driver should be scheduled for an evaluation. Be specific. (Attach additional pages, if necessary)

[Section 2]

Requester Information:

Requests by private citizens to remain confidential will be respected to the extent permitted by Michigan and federal law.

Your signature is required to process this request. (Please print or type)

Requestor's Name and Agency (If Applicable)

Street Address **City** **State** **Zip**

(_____)_____
Telephone Number

Requester's Signature

____/____/____
Date

Appendix H

✓ ABOUT THE INFORMATION YOU PROVIDE...

The department is authorized to reexamine a driver when there is reason to believe the driver may be unable to operate a motor vehicle safely. Specific information, as descriptive as possible, must be provided to clearly support scheduling a driver assessment reexamination.

The following information must be provided:

- [1] The driver license number or full name and birth date of the driver to be assessed.
- [2] Specific information to justify the assessment reexamination. This may describe an incident or pattern of behavior, or it may be other evidence that indicates the driver may be unable to operate a motor vehicle safely.
- [3] Your name and signature.

Without this information, this form cannot be processed. We may contact you for additional information or clarification.

[MSA 9.2020]

257.320 Driver license suspension, revocation, reexamination

Sec. 320(1) The Secretary of State, after notice as provided in this section, may conduct an investigation and reexamination of a person based upon 1 or more of the following:

- (a) The Secretary of State has reason to believe that a person is incompetent to drive a motor vehicle or is afflicted with a mental or physical infirmity or disability rendering it unsafe for that person to drive a motor vehicle.
- (b) The person, as a driver, has in 1 or more instances been involved in an accident resulting in the death of a person.
- (c) The person, within a 24-month period, has been involved in 3 accidents resulting in a personal injury or damage to the property person, and the official police report indicated a moving violation on the part of the driver in each of the accidents.
- (d) The person has charged against him or her a total of 12 or more points as provided in section 320a within a period of 2 years.
- (e) The person has been convicted of violating restrictions, terms, or conditions of the person's license.

Sec. 320(2) The Secretary of State, upon good cause, may restrict, suspend, revoke, or impose other terms and conditions on the license of a person subject to reexamination and require the immediate surrender of the license of that person. The Secretary of State shall, in all cases, prescribe the period of restriction, suspension, revocation, or other terms and conditions...

Persons falling under Sec. 320(1)(b),(c),(d), or (e) of the Michigan Vehicle Code will be cited for reexamination upon receipt of an abstract of conviction from a court or upon the receipt of an accident report forwarded from the State Police. No Request for a Driver Evaluation should be prepared for these drivers.

Additional Information:

Please attach a copy of any related report(s).
The completed form may be mailed or faxed:

Michigan Department of State
Driver Assessment Support Section
P.O. Box 30196
Lansing, Michigan 48909-7696
Telephone: (517) 636-6400
Fax: (517) 335-2189